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Bib Data Sheet

CONFIRMATION NO. 5951

<b>SERIAL NUMBER</b> 09/649,088	<b>FILING DATE</b> 08/07/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> SHRIKUMAR	
<b>APPLICANTS</b> Shrikumar Hariharasubrahmanian, Amherst, MA; <b>** CONTINUING DATA *****</b> <i>None JB</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None JB</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/17/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> ROBERT A. CESARI CESARI AND MCKENNA, LLP 88 BLACK FALCON AVENUE BOSTON ,MA 02201					
<b>TITLE</b> Systems and methods for combined protocol processing protocols					
<b>FILING FEE RECEIVED</b> 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/649,088	<b>FILING DATE</b> 08/07/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2664	<b>ATTORNEY DOCKET NO.</b> SHRIKUMAR
<b>APPLICANTS</b> Shrikumar Hariharasubrahmanian, Amherst, MA ; <b>** CONTINUING DATA *****</b> <i>Name JS</i> <b>** FOREIGN APPLICATIONS *****</b> <i>Name JS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/17/2000</b> -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 26
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> Shrikumar Hariharasubrahmanian 1381 South East Street Amherst ,MA 01002				
<b>TITLE</b> Systems and methods for combined protocol processing protocols				
<b>FILING FEE RECEIVED</b> 1084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	